MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-023705

DO NOT WRITE		AME	NDE	כ	1 <u> </u>	FILED JUI	V 2 4 106:	mary Kegistiat	tion Distr	ict No.	QRegistrar's No.	/V				
ON THIS STUB	HIS SIUB					PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before									
VS 300	۾			1	[* COUNTY Cole					a. STATE Miss	· _		_		dmission)
Rev. 4/59	[호				1 [—]		rporate limits, give TOWN	SHIP only)	Leng	gth of stay in 1b	c. CITY	_			tn	side Limits
	AMENDED				1		erson City		_ 17	Days	TOWN Ca	liforni	a		Yes	X No □
0269			\	}	1 ⁻	HOSPITAL OP	NOT in hospital, give loca			Inside Limits Yes X No D	d. STREET ADDRESS			give location)	·	ide on Ferm
20681	DATE				1_	INSTITUTION S1	t. Mary's Hos	pital		200 B1	ock S.	High S	St.	Yes	□ No M	
3	- F			\neg		(Tune or print)								Day	Year	
4 4	1				I _	у у	MATCÓTM	EVERET		HICK			une 12		VEAR	TINDED 24 US
4 0	۱ <u> </u>					. sex ale	6. COLOR OR RACE. White	7, Married Widowe		Never Married ☐ Divorced ☐	8. DATE OF BIRTH	y. AGE (la:	st, Dirthday)	Months 1		UNDER 24 HR ours Min.
	1				10	a. USUAL OCCUPATION	(Give kind of work done				11. BIRTHPLACE (C	Lity and state	or.country)	12. CITIZE	EN OF WHA	T COUNTRY
6	SMS				R€	thing no spot working	ng life, even if retired)	Own F	Ferm		Moniteau	Co., Mi	issouri	USA		-
70	FOLLOW	}				a. FATHER'S NAME	Ui also			R'S MAIDEN NAM	VE.		NAME OF I	HUSBAND OR	R WIFE	
8 🚗 1			$ \ $			hn Franklin	H1CKCOX R IN U.S. ARMED FORCES?		ary H	IATU	17. INFORMANT			Address		
	AS				(Y	es, no, or unknown) (If	yes, give war or dates of				Mrs. Clara	Hickon	-		ı, Mo.	
	ARE			E		18. CAUSE OF DEATH	(Enter only one cause per	· line for (a), ((b), and ((c).	<u> </u>			<u> </u>	INTERV	AL BETWEEN AND DEATH
10 .				昼		PART I.	DEATH WAS CAUSED BY	:		n n	7/		-		1 2137	WIND DEVILL
	~ -			15	• '		IMMEDIATE CAUSE !	1 <i>[']</i>	-	هر سرک	/ d. d. a	<i></i>			_000	20
11	SOR	. '		CUMEN			IMMEDIATE CAUSE (a			•	Lean				do	<u> </u>
12 3 -	REC FAD			DOCUM		Conditio	ons, if any,) DUE TO (•	artice				do	wis
127-0	HIS RECO			IU		which g above o stating 1	ons, if any, DUE TO () give rise to cause (a), the under-	b) <u>C.</u>		•					do	ws
127-C	THIS			IU		which ga above of stating to lying co	ons, if any, pave rise to cause (a), the undersuase last. DUE TO ((c)	ul	Isal o	artice	5-1a	lu	III. If dece	based was	
13/-0	ON THIS			IU	TION	which ga above of stating to lying co	ons, if any, DUE TO () give rise to cause (a), the under-	(c)	ul	Isal o	artice	5-1a	lu	III. If dece	pregnancy is	n last 90 days.
13 /-0	ON THIS			IU	IFICATION	which geover stating lying c	ons, if any, lave rise to cause (a), the under-cause last. DUE TO (disease condition given	(c)	CONTRIB	BUTING TO DEAT	TH but not related to	the terminal	PART	Iti. If dece there a	pregnancy i	n last 90 days.
13 /-0	ON THIS		1 1	IU	CERTIFICATION	which ga above of stating to lying co	ons, if any, lave rise to cause (a), the under-lause last. DUE TO ((c)	CONTRIB	BUTING TO DEAT	artice	the terminal	PART	Iti. If dece there a	pregnancy i	n last 90 days.
13 /-0	THIS		3	200	₹	which gas above stating lying compared to the part II. 19. WAS AUTOPSY PERFORMED? YES NO UNITED TO THE OF INJURY a.m.	ons, if any, lave rise to cause (a), the undertause last. DUE TO (disease condition given	(c)	CONTRIB	BUTING TO DEAT	TH but not related to	the terminal	PART	Iti. If dece there a	pregnancy i	n last 90 days.
13 /-0	ON THIS		1 1	200	MEDICAL CERTIFICATION	which gabove stating lying compared to the stating lying lyi	ons, if any, lave rise to cause (a), the under-lause last. DUE TO (disease condition given Month, Day, Year 20e, PLACE	(c)	CONTRIB DE 2	BUTING TO DEAT	TH but not related to	the terminal	PART	Iti. If dece there a	PART II of it	n last 90 days.
RIBBON C 12 EL	AMENDMENTS ON THIS	36	1 1	200	₹	which gas above stating lying compared to the part II. 19. WAS AUTOPSY PERFORMED? YES NO UNITED TO THE OF INJURY a.m.	ons, if any, lave rise to cause (a), the under-cause last. DUE TO (disease condition given Month, Day, Year LED 20e. PLACE farm,	(c)	CONTRIB DE 2	BUTING TO DEAT	TH but not related to	the terminal	PART	III. If dece there a Yes	PART II of it	Unknown
RIBBON C 12 EL	AMENDMENTS ON THIS	36	1 1	200	₹	PART II. 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hour INJURY A.m. p.m. 20d. INJURY OCCURRI WHILE AT WORK NOT WHILE AT V	DUE TO (Included in the under lause last.) DUE TO (Included in the under last.) DUE TO (Included in the under last.)	(c)	CONTRIB DE 2	BUTING TO DEAT	TH but not related to OW INJURY OCCURRED 20f. CITY, TOWN, OR	the terminal of the terminal o	PART e of injury in	III. If dece there a Yes PART or P	pregnancy ii	I last 90 days. Unknown tem 18.)
RIBBON C 12 EL	AMENDMENTS ON THIS READ [INST	**	1 1	200	₹	which grade above stating lying control of the stating stating of the stating stating of the sta	DUE TO (Interpretation of the property of the	(c)	CONTRIB DE 2	BUTING TO DEAT	TH but not related to OW INJURY OCCURRED 20f. CITY, TOWN, OR	the terminal of the terminal o	PART e of injury in	III. If dece there a Yes PART or P	PART II of it	I last 90 deys. Unknown tern 18.) STATE
RIBBON C 12 EL	AMENDMENTS ON THIS READ [INST	**	1 1	DOQ	₹	which graphs which graphs above stating lying control of the part	DUE TO (Interpretation of the property of the	(c)	CONTRIB DE 2 (e.g., in c, office b	BUTING TO DEAT	TH but not related to OW INJURY OCCURRED 20f. CITY, TOWN, OR	the terminal of the terminal o	PART e of injury in	III. If dece there a Yes PART or P	PART II of it	I last 90 deys. Unknown tem 18.)
RIBBON C 12 EL	AMENDMENTS ON THIS	**	1 1	OF 300	MEDICAL	which grapes above stating lying control of the part II. 19. WAS AUTOPSY PERFORMED? YES NO CONTROL OF INJURY OCCURRING WHILE AT WORK NOT	DUE TO () lave rise to cause (a), the under- lause last. DUE TO () OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID Month, Day, Year ED	(c)	CONTRIB DE 2 (e.g., in cet, office b	or about home, bldg., etc.)	TH but not related to OW INJURY OCCURRED 20f. CITY, TOWN, OR he date stated above, a 22b. ADDRESS	the terminal control of the te	PART e of injury in malive on	COUNTY COUNTY	PART II of it	In last 90 deys. Unknown tern 18.) STATE
BLACK INK OR OR RITER RIBBON	AMENDMENTS ON THIS SHOULD READ	36	1 1	AVIT OF SOCIETY DOC	MEDICAL	which grapes above stating lying control of the stating lying ly	DUE TO (1) Lave rise to cause (a), the under- lause last. DUE TO (1) DUE TO	(c)	CONTRIB Con	BUTING TO DEAT 20b. DESCRIBE HO or about home, bldg., etc.)	TH but not related to OW INJURY OCCURRED 20f. CITY, TOWN, OR he date stated above, a 22b. ADDRESS	the terminal of the terminal o	PART e of injury in melive on st of my kno	COUNTY COUNTY COUNTY	PART II of it	STATE stored. DATE SIGNED
RIBBON C 12 EL	AMEND SHOULD READ	3.6	1 1	AVIT OF SOCIETY DOC	WEDICAL BU	which go above stating lying control of the stating lying control of the stating	DUE TO (1) Lave rise to cause (a), the under- lause last. DUE TO (1) DUE TO	(c)	CONTRIB Con	BUTING TO DEAT 20b. DESCRIBE HO or about home, bldg., etc.) m on the community of the co	TH but not related to OW INJURY OCCURRED 20f. CITY, TOWN, OR he date stated above, a 22b. ADDRESS	the terminal of the terminal o	PART e of injury in melive on st of my kno	COUNTY COUNTY	PART II of it	STATE stored. DATE SIGNED
RIBBON C 12 EL	AMENDMENTS ON THIS SHOULD READ	3.6	1 1	OF 300	Bu WEDICAL	which graph which graph was autopsy performed? PART II. 19. WAS AUTOPSY PERFORMED? PERFORMED? WAS AUTOPSY PERFORMED? WAS AUTOPSY PERFORMED? WAS AUTOPSY PERFORMED? WAS AUTOPSY PERFORMED. WAS AUTOPSY PERFORMED. WAS AUTOPSY PERFORMED. WAS AUTOPSY PERFORMED. PERFORMED WAS AUTOPSY PERFORMED. PERFORMED WAS AUTOPSY PERFORMED. PERFORME	DUE TO (1) Lave rise to cause (a), the under- lause last. DUE TO (1) DUE TO	CONDITIONS In PART I (a) DE HOMICIE Factory, street Gree ar title) 23c. NA C1 ty CRESS	CONTRIB Con	BUTING TO DEAT 20b. DESCRIBE HO or about home, bldg., etc.) m on the community of the co	TH but not related to OW INJURY OCCURRED 20f. CITY, TOWN, OR and the date stated above, a 22b. ADDRESS	the terminal of the terminal o	PART e of injury in melive on st of my kno N (City, tow	COUNTY COUNTY	PART II of it	STATE stored. DATE SIGNED

STATEMENT BY LICENSED EMBALMER

or by	eby certify that the body whose name is:	recorded on the reverse side of this certificate was embalmed by me
	der my personal supervision.	signed Tursell C. Maag
Student	Signature of Student Embalmer	<u>-</u>
		Licensed Embalmer No. 4804
		P.O. Address California, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above: